PTOYSBUS (05-03)
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U.S. Patient and Tradement Office; U.S. DEPARTMENT OF COMMERCE

	Substitu	te for Form PTI	0-875			<u>D.</u>	458	73/
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL	NITTY	OR	OTHER THAN SMALL ENTITY		
FOR	MAGER FILED		REXTRA	RATE	FEE		RATE	FEE
ASIC FEE 17 OFR 1.18(al)					•/	OR		1
OTAL CLAIMS 17 CFR 1.18(c))	2/ mm 2	. 2	a	x1	·	OR	x1	
DEPENDENT CLADIS 17 CFR 1.18(b))	12 mm 2	. /	2	× 5		OR	x s:	
LA TOPLE DEPENDENT C	LAIM PRESENT (7 CFR 1.16(d))				OR	• • •	
If the difference in colum	n 1 is less then zoro, en	ter 'O' in column :	2	TOTAL		OR .	TOTAL	
	AS AS AMENDED							
				· •		OR		R THAN
110000000000000000000000000000000000000	CLASES CARREST	(Column Z)	(Cotum 3)	SMALL	ZNIIIY	1	SWALL	ENILLA
	EMASIDIO AFTER ENDINENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TICNAL FEE		RATE	ADDI- TIONAL FEE
Total (promit tripps)	21 Minus	- 22	•/	x 8		C R	x 5 e	7
LI promisso	12 Minus	- 12	1	x 8 •	. /_	OR	x's	7
FIRST PRESENTATIO	N OF MATPLE DEPENDE	9/T CLADU; (07 CF	R 1 18(d)	• •		OR.	+1	,
0/	30105			TOTAL ADOL FEE		OR	TOTAL ADDIL FEE	
01	Je 100	·	(Cabana 3)				*.	
522000000	CLAIMS	(Column 2) HIGHEST	(Column 3)		ADDI	1	RATE	ADDI-
	EMANUNG AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL		HATE	TIONAL
11	2/ Minus	22	*	x s=		OR.	x 5	
Z Independent (12 Mines	12	•	x \$•		OR	× 5 •	
FIRST PRESENTATIO	N OF MALTPLE DEPENDE	NT CLARL (27 CF	TR 1.16(d))			. OR	+5 •	
		•		TOTAL ADDL FEE		OR	TOTAL ADDL FEE	
æ	iolumn 1)	(Catumn 2)	(Column 3)			ę.		
	CLASS CONTRACTOR	HIGHEST MUMBER	PRESENT	RATE	ADOI-	1	RATE	ADD1-
	MANNG AFTER	PREVIOUSLY	EXTRA	MAILE	TIONAL			TIONAL
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ENOMENT SHEET	PAID FOR	•		PEE	<i>(1)</i>		FEE
Cacus rates	Minus			× 3	-	OR:	-x-s	
G COR LINES		<u> </u>		x 5		OR.	x.5	:
FRST PRESENTATIO	N OF MULTIPLE DEPENDE	911 CLAN (37 CF	R 1.16(5))	+5 •	<u> </u>	OR :		.
				TOTAL ADD) FEE		OR:	TOTAL ADD1 FEE	

If the Toghest Number Previously Paid For' In This SPACE is less than 3, enter 'T.

The Tighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or restain a benefit by the public which is to fits (and by the USPTO. This collection is estimated to tate 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual car 1. Any comments on the amount of time you require to complete this form softer suggestations for reducing this burden, should be sein to the Chief beforeastion "filter, U.S. Patent and Trademark Office, U.S. Department of Commercia, P.O. Box 1450, Abscendria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patentia, P.O. Box 1450, Abscendria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.